

**The District Attorney's Office, in the area of Worthless Checks, wants to eliminate the need to dispatch officers.** If Radio determines it is a Worthless Checks case, the caller can be advised to telephone the DAs Worthless Check Task Force.

841-7202–Elaine Romero (A-K)  
841-7207 - Rose Garcia (L-Z)  
841-7120–Loretta Maito (General Questions)

The Task Force will handle the case.

\*No officer has to be dispatched. \*No report need be taken.

### **GUIDELINES FOR RADIO – HOW TO DETERMINE IF IT IS A WORTHLESS CHECKS CASE.**

The merchant or bank normally will not learn it is a worthless check until days or weeks after the check is passed. The call will come in as a 2-10, which includes Fraud, Forgery, and Issuing Worthless Checks.

Generally, a worthless check is on your account; you have insufficient funds to cover the purchase or your account is closed. It is a worthless check if stamped: "Insufficient Funds, NSF–Non Sufficient Funds, or Account Closed." You can usually tell if it is a worthless check by what is stamped on the check.

A forgery, on the other hand, means a person has altered or passed a forged check. A forgery occurs when someone uses someone else's name.

### **THE LAW ON WORTHLESS CHECKS**

The statute states it is unlawful to issue (give) in exchange for anything of value, with intent to defraud, a check upon any bank knowing that at the time of the issuing (giving) you have insufficient funds in the bank for payment of such check upon its presentation, **NMSA 1978, Section 30-36-4 (SPECIAL PENALTY FELONY).**

### **GUIDELINES FOR SUBSTATION**

Victims of Issuing Worthless Checks may appear at your substation. Please give a Worthless Check Complaint Packet to the victim and have them call one of the telephone numbers listed above.

### **FIELD OFFICERS**

For those rare occasions where the offenders is in custody, please handle as you would any other white collar offender.

With the assistance of substations, and especially the help of Radio, these calls should be eliminated or greatly reduced.

OFFICE OF THE DISTRICT ATTORNEY

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INSTRUCTIONS FOR FILING A WORTHLESS CHECK COMPLAINT

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**ELIGIBLE CASES**

INDIVIDUAL CHECKS OVER \$25.00  
THOSE ISSUED IN IMMEDIATE EXCHANGE  
FOR SERVICES AND/OR GOODS.  
COD PURCHASES

ALL TRANSACTIONS MUST HAVE TAKEN  
PLACE WITHIN BERNALILLO COUNTY

**INELIBIBLE CASES**

STOP PAYMENT CHECKS  
STOLEN AND/OR  
FORGED CHECKS  
TWO-PARTY CHECKS  
SALARY CHECKS  
POST DATED OR HELD  
CHECKS  
THOSE ISSUED FOR A  
PRE-EXISTING DEBT.  
RENT OR LEASE  
PAYMENTS  
COMPLAINTS FILED  
OVER 60 WORKING  
DAYS FROM ISSUANCE  
OF CHECK.  
CHECKS TAKEN  
WITHOUT WRITER  
IDENTIFICATION

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Use only the forms or copies of forms provided by this office. They must be filled in completely, accurately and legibly.

Include a copy of the notice of the worthless check sent by you, to the check writer, via certified mail.

Enclose a clear photocopy of the front and back of the check(s) in question. Checks must have been stamped by the receiving bank (NSF, CLOSED, ETC.)

**Once a complaint has been filed with this office, all collection efforts by you, or your agent, must cease.**

Restitution must first be directed to this office, recorded, and forwarded to you.

Mail or bring the completed forms and copies to:

Office of the District Attorney  
Worthless Check Task Force  
520 Lomas Blvd. NW  
Albuquerque, New Mexico 87102

Task force may be reached at (505)841-7120; 841-7202; 841-7207

List all collection efforts to date on a separate sheet of paper.

In your contact with the accused,  
has there ever been an admission of guilt? \_\_\_\_YES \_\_\_\_NO

**VICTIM INFORMATION**

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VICTIM'S NAME	ADDRESS (include city, state and ZIP)
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PERSON FILING REPORT	PHONE	STORE ID#
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FACTS ABOUT THE ACCUSED	HEIGHT/WEIGHT	HAIR COLOR	EYE COLOR	RACE
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NAME (Last, Middle, First)	DATE OF BIRTH	DRIVERS LICENSE
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ADDRESS	CITY, STATE, ZIP
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HOME PHONE	WORK PHONE	OTHER ID#	SOCIAL SECURITY #
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**CHECK INFORMATION**

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CHECK PAYABLE TO

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ADDRESS CHECK PASSED (Include City, State, ZIP)

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PERSON WHO TOOK CHECK	ADDRESS	PHONE
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DATE	CHECK#	AMOUNT	BANK ACCOUNT#	CAUSE (NSF, CLOSED, OTHER)
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WHAT WAS RECEIVED FOR CHECK? \_\_\_\_\_

WAS THE CHECK SIGNED IN YOUR PRESENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO

POST DATED? \_\_\_\_\_ YES \_\_\_\_\_ NO

SUPPOSED TO BE HELD? \_\_\_\_\_ YES \_\_\_\_\_ NO

TYPE OF ID USED? \_\_\_\_\_

DID YOU COMPARE ID SIGNATURE AND PHOTOGRAPH WITH CHECK

WRITER? \_\_\_\_\_ YES \_\_\_\_\_ NO

CAN YOU IDENTIFY CHECK WRITER? \_\_\_\_\_ YES \_\_\_\_\_ NO

ADDITIONAL INFORMATION \_\_\_\_\_

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THE INFORMATION LISTED ABOVE IS ACCURATE TO THE BEST OF MY  
KNOWLEDGE\_\_\_\_\_  
SIGNATURE OF PERSON WHO TOOK CHECK\_\_\_\_\_  
DATE

***\*\*If you have any other additional checks with the same check writer, use form DA-AC1.***

**I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. THAT THE ABOVE CHECK(S) WAS (WERE) BELIEVED TO BE GOOD WHEN ACCEPTED: THAT I PERSONALLY RECEIVED SAID CHECKS(S) OR THAT BY VIRTUE OF MY EMPLOYMENT I HAVE REVIEWED THE BUSINESS RECORDS BY MY EMPLOYER AND HAVE THE AUTHORITY TO MAKE THIS AFFIDAVIT ON BEHALF OF THE HOLDER; THAT I UNDERSTAND THAT IF CHARGES ARE FILED A WARRANT MAY BE ISSUED FOR THE ACCUSED.**

**I WISH TO FILE A FORMAL COMPLAINT WITH THE DISTRICT ATTORNEY'S OFFICE AND I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE OFFICE OF THE DISTRICT ATTORNEY FOR ANY LIABILITY INCURRED DUE TO ACTIONS RESULTING FROM INACCURATE OR OUT-OF-DATE INFORMATION.**

\_\_\_\_\_  
**SIGNATURE OF VICTIM**

**ADDITIONAL CHECK INFORMATION [FORM DA-AC1]**

CHECK PAYABLE TO \_\_\_\_\_

ADDRESS CHECK PASSED (Include City, State, ZIP) \_\_\_\_\_

PERSON WHO TOOK CHECK \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_ CHECK# \_\_\_\_\_ AMOUNT \_\_\_\_\_ BANK ACCOUNT# \_\_\_\_\_ CAUSE \_\_\_\_\_  
(NSF, CLOSED, OTHER)

WHAT WAS RECEIVED FOR CHECK? \_\_\_\_\_  
WAS THE CHECK SIGNED IN YOUR PRESENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
POST DATED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
SUPPOSED TO BE HELD? \_\_\_\_\_ YES \_\_\_\_\_ NO  
TYPE OF ID USED? \_\_\_\_\_  
DID YOU COMPARE ID SIGNATURE AND PHOTOGRAPH WITH CHECK  
WRITER? \_\_\_\_\_ YES \_\_\_\_\_ NO  
CAN YOU IDENTIFY CHECK WRITER? \_\_\_\_\_ YES \_\_\_\_\_ NO  
ADDITIONAL INFORMATION \_\_\_\_\_

**ADDITIONAL CHECK INFORMATION [FORM DA-AC1]**

CHECK PAYABLE TO \_\_\_\_\_

ADDRESS CHECK PASSED (Include City, State, ZIP) \_\_\_\_\_

PERSON WHO TOOK CHECK \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DATE \_\_\_\_\_ CHECK# \_\_\_\_\_ AMOUNT \_\_\_\_\_ BANK ACCOUNT# \_\_\_\_\_ CAUSE \_\_\_\_\_  
(NSF, CLOSED, OTHER)

WHAT WAS RECEIVED FOR CHECK? \_\_\_\_\_  
WAS THE CHECK SIGNED IN YOUR PRESENCE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
POST DATED? \_\_\_\_\_ YES \_\_\_\_\_ NO  
SUPPOSED TO BE HELD? \_\_\_\_\_ YES \_\_\_\_\_ NO  
TYPE OF ID USED? \_\_\_\_\_  
DID YOU COMPARE ID SIGNATURE AND PHOTOGRAPH WITH CHECK  
WRITER? \_\_\_\_\_ YES \_\_\_\_\_ NO  
CAN YOU IDENTIFY CHECK WRITER? \_\_\_\_\_ YES \_\_\_\_\_ NO  
ADDITIONAL INFORMATION \_\_\_\_\_

## **INVESTIGATIVE NOTES**

NOTE: Make sure check writer's personal information of affidavit is complete (name, DOB, SSN, description, etc.) and comes only from that written on the check or from your store's check file (not from outside sources).

### **I. PERSONAL INFORMATION ON CHECK WRITER**

A. Has check writer written other worthless checks here before? If so, please list additional information from previous incident that will be useful in this investigation.

B. Please list in detail any admission of guilt by check writer. Include date, time, to whom, and if done in person or by telephone. If they called you, what information can you add which confirms that caller was not an imposter.

C. Date check writer was notified through mail (certified mail is best):

Address mailed to:

D. Please list information you have acquired through use of investigative resources (ex: city directory, phone book, employers, neighbors, etc.)

E. Please list useful credit bureau information

F. Check writer's vehicle description and license plate number

G. Has merchandise been returned or has partial restitution been made?

\_\_\_\_\_ YES \_\_\_\_\_ NO

### **II. CHECKING ACCOUNT INFORMATION**

A. Bank name and branch address

B. Date account was closed

C. Reason for closing (circle one):

PER CHECK WRITER      DUE TO NUMEROUS OVERDRAFTS      OTHER\*

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Investigative notes submitted by:

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE